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The science of clergy work-related psychological health, stress, burnout and coping
strategies: Introduction to the special section

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Abstract

The purpose of this special section of *Research in the Social Scientific Study of Religion* is to provide a forum for examples of current scientific research examining work-related psychological health, stress, burnout and coping strategies among clergy. The collection, comprising three qualitative studies and seven quantitative studies, draws on the work of four established research groups which are making a scientific impact in that area (two in the USA, one in the UK, and one in Australia). It is international networking and collaboration of this nature that stands to advance scientific knowledge in the Academy and provide better understanding and practice in the Church.

Keywords: psychology, clergy, burnout, coping, stress

Introduction

This special section of *Research in the Social Scientific Study of Religion* on the science of clergy work-related psychological health, stress, burnout and coping strategies draws together work from four research groups currently working in the field. The dispersed research group in England and Wales, co-ordinated by Leslie J Francis in the Centre for Education Studies at the University of Warwick, has been publishing in the field since 2000 and currently includes initiatives in empirical theology (led by Andrew Village) in York St John University, York, and initiatives in the psychology of religion (led by Christopher Alan Lewis) and pastoral sciences (led by Tania ap Siôn) at Glyndŵr University, Wrexham. The Duke Clergy Health Initiative was founded in 2007 by The Duke Endowment to understand and improve the health of United Methodist Church (UMC) clergy in North Carolina. David Toole serves as Principal Investigator, Rae Jean Proeschold-Bell as both Co-Principal Investigator and Research Director, and Carl Weisner as Senior Director. NCLS Research has been working in Australia since 1991, under the leadership (in turn) of Peter Kaldor, Keith Castle, and Ruth Powell. The concern of NCLS Research with empirical studies of church congregations and church leaders has offered an important context in which to locate research on clergy work-related psychological health. From the Yale University School of Medicine, Benjamin R Doolittle has been publishing on clergy burnout since 2007.

University of Warwick Centre for Education Studies

In the 1990s, Francis' research group began by critiquing the Maslach Burnout Inventory (Maslach & Jackson, 1986) and by developing with (permission) a revised form of this instrument developed specifically for use among clergy (Rutledge & Francis, 2004; Hills, Francis, & Rutledge, 2004). This revised instrument took into account the language and experience of clergy to shape items, and at the same time took the opportunity to balance the number of items within each of the three scales (so that there were ten items to reflect each of

the three constructs of emotional exhaustion, depersonalization and personal accomplishment) and to change the response categories against which these items were rated. A series of studies reported on the application of this instrument in the UK among Anglican clergy (Francis & Rutledge, 2000; Francis & Turton, 2004a, 2004b; Randall, 2004, 2007, 2013; Rutledge, 2006; Turton & Francis, 2007; Francis, Robbins, Rolph, Turton, & Rolph, 2010), Catholic priests (Francis, Loudon, & Rutledge, 2004; Francis, Turton, & Loudon, 2007; Francis Robbins, Rolph, Turton, & Rolph, 2010), and among Pentecostal pastors (Kay, 2000).

Discontent with both the theoretical model underpinning the Maslach Burnout Inventory and the psychometric properties of the instrument led to a reconceptualization of burnout in terms of the two dimensions proposed by the balanced affect model of psychological wellbeing (Bradburn, 1969) and operationalised in the Francis Burnout Inventory: positive affect measured by the Satisfaction in Ministry Scale and negative affect measured by the Scale of Emotional Exhaustion in Ministry (Francis, Kaldor, Shevlin, & Lewis, 2004; Francis, Kaldor, Robbins, & Castle, 2005; Francis, Village, Robbins, & Wulff, 2011). A series of studies reported on the application of the Francis Burnout Inventory in the UK (Robbins & Francis, 2010; Brewster, Francis, & Robbins, 2011; Francis, Gubb, & Robbins, 2012; Randall, 2013; Francis, Payne, & Robbins, 2013). The Francis Burnout Inventory has also been used in studies conducted in the USA (Francis, Wulff, & Robbins, 2008; Barnard & Curry, 2012; Francis, Robbins, & Wulff, 2013a, 2013b), in Australia and New Zealand (Francis, Robbins, Kaldor, & Castle, 2009; Robbins, Francis, & Powell, 2012) and Italy (Francis & Crea, 2015).

A particular feature of the series of studies collected by this dispersed research group in England and Wales has been the scientific concern to identify the relative predictive power of personal factors, contextual factors, theological factors and psychological factors in

accounting for individual differences in levels of clergy work-related psychological health. Two psychological models of personality have played a particularly important part in this programme of research, the three dimensional model of personality as proposed and measured by the Eysenck Personality Questionnaire (Eysenck & Eysenck, 1975) and the Eysenck Personality Questionnaire Revised (Eysenck & Eysenck, 1991), and the model of psychological type as proposed and measured by the Myers-Briggs Type Indicator (Myers & McCaulley, 1985), the Keirsey Temperament Sorter (Keirsey & Bates, 1978) and the Francis Psychological Type Scales (Francis, 2005). Examples of studies using the Eysenckian model of personality are provided, for example, by Francis and Rutledge (2000), Rutledge and Francis (2004), Francis, Loudon, and Rutledge (2004), Francis, Turton, and Loudon (2007), Turton and Francis (2007), Francis, Robbins, Rolph, Turton, and Rolph (2010), and Francis, Robbins, and Wulff (2013a, 2013b). Examples of studies using psychological type theory are provided by Francis, Wulff, and Robbins (2008), Francis, Robbins, Kaldor, and Castle (2009), Robbins and Francis (2010), Brewster, Francis, and Robbins (2011), Francis, Gubb, and Robbins (2012), Robbins, Francis, and Powell (2012), Francis, Payne, and Robbins (2013) and Francis and Crea (2015).

Within this research group in England and Wales, a distinctive place has been occupied by Christine Brewster's specific concern with identifying sources of stress and coping strategies. Examples of this contribution are provided by Brewster, Francis, and Robbins (2011), Francis and Brewster (2012) and Brewster (2012a, 2012b). Another distinctive place has been occupied by Jenny and Paul Rolph working with qualitative data (Charlton, Rolph, Francis, Rolph, & Robbins, 2009; Rolph, Francis, Charlton, Robbins, & Rolph, 2011; Rolph, Rolph, Charlton, & Francis, 2011; Berry, Francis, Rolph, & Rolph, 2012; Rolph, ap Siôn, Francis, & Rolph, 2014).

The Duke Clergy Health Initiative

The Duke Clergy Health Initiative (CHI) was tasked in 2007 to study the holistic health of clergy and to develop and test interventions to improve clergy health. Their work has focused on United Methodist Church clergy in North Carolina, USA, but has implications for clergy more generally. The CHI began by conducting focus groups with 88 pastors and their clergy supervisors to describe pastors' perceptions of the barriers to, and facilitators of, their health. Using a popular public health model, the Socioecological Framework, they reported on: individual-level barriers to health, including pastors' belief that their call to ministry requires putting others first nearly all the time; interpersonal-level facilitators of health, including support from other clergy; congregational-level barriers to health, including congregants expecting clergy to be available around the clock; and denomination institutional-level barriers to health, including lack of support when charged with an unhealthy church (Proeschold-Bell, LeGrand, James *et al.*, 2011). They also found different health-related barriers and facilitators for clergy subgroups, including pastors of large churches sharing more ministry tasks and feeling more comfortable negotiating time off and young clergy expressing more interest in physical health (LeGrand *et al.*, 2013).

The CHI conducted a survey in 2008 of all UMC clergy in North Carolina, and received a response rate of 95%, indicating strong interest on the part of clergy in being asked about their health, particularly in the context of a health intervention being designed for them. This hour-long survey incorporated items included in national surveys, thereby allowing for direct comparison of clergy to other populations in North Carolina and the United States. In a key finding, the obesity prevalence for clergy was 40%, compared to 29% of North Carolinians (Proeschold-Bell & LeGrand, 2010). Not surprisingly, then, the prevalence of chronic disease was also significantly higher for clergy compared to North Carolinians, and these diseases included diabetes, hypertension, asthma, and arthritis. In the CHI's initial focus groups, clergy expressed concern for the physical health issues that they faced, and

acknowledged a perception that clergy suffered from high rates of overweight and obesity. It was an interesting finding then, when on a widely-used measure of physical health functioning (the SF-12), that clergy endorsed the items to indicate *better* physical health functioning than the average person in the United States, in which physical health functioning was defined as fewer limitations in moderate activities such as climbing stairs, moving a table, and doing housework (Proeschold-Bell & LeGrand, 2012). Based on their actual rates of chronic disease, clergy should experience worse physical health functioning. The authors speculated that the sedentary nature of clergy work may make it less likely for clergy to experience physical health limitations than people in other occupations, or that clergy may be more attuned to their spiritual well-being than their physical health. Alternatively, the authors suggested that clergy may be so motivated by their call to ministry that they push through their physical needs in order to meet their mission to care for others.

The CHI team also examined clergy depression and anxiety rates. In the 2008 survey, they interviewed one-third of the clergy participants by phone, in order to account for mode effects when comparing clergy data with those from other studies that used phone or in-person data collection. They found that 8.7% of clergy interviewed by phone qualified for moderate or higher depression based on a depression screener (the PHQ-9), compared to only 5.5% of a representative sample of people from the United States, who were interviewed in-person using the same depression screener (Proeschold-Bell, Miles, Toth *et al.*, 2013). The CHI also found that 11.1% of clergy who took the survey items in a self-administered web or paper format qualified for depression, and that 13.5% qualified for anxiety using the Hospital Anxiety and Depression Scale (unfortunately, there was not a good national comparison study that used the same anxiety measure). These findings point to above-average rates of depression in clergy and, given that the measures were for symptoms in the past two weeks only, they indicate a substantial mental health burden born by clergy over their course of their

vocational career. To better understand what may be contributing to these high rates of mental illness symptoms, Proeschold-Bell and her colleagues examined the predictors of depression and anxiety, choosing constructs based on the popular occupational health theory of Effort-Reward Imbalance Theory. As expected, rewards of ministry such as ministry satisfaction and lower financial stress related to less depression and anxiety, whereas work efforts such as greater job stress and life unpredictability related to more depression and anxiety (Proeschold-Bell, Miles, Toth *et al.*, 2013).

The CHI examined positive mental health, conceptualized as feelings of personal accomplishment, satisfaction in ministry, and quality of life including satisfaction with one's family, community, creativity, and contributions. They simultaneously examined negative mental health, conceptualized as depression, anxiety, and the burnout factors of emotional exhaustion and depersonalization. In theory, positive mental health and negative mental health exist on two separate but correlated continua, such that someone can experience both satisfaction with life and emotional exhaustion at the same time. Proeschold-Bell and colleagues found that certain ministry conditions, such as serving in a church open to new ideas and newcomers and congregational support, related only to positive mental health and not to negative mental health (Proeschold-Bell *et al.*, in press). They found that other ministry conditions, including critical congregants, financial stress, and social isolation related to both lower positive mental health and higher negative mental health. The implication of these findings is that mental health interventions for clergy are needed, and that different interventions may be needed to boost positive mental health, as opposed to ameliorating negative mental health.

The CHI developed the Clergy Spiritual Well-being Scale because many spiritual well-being measures use religious attendance and behaviors such as prayer as proxies for spiritual well-being, and these behaviors are required in clergy work and are therefore unable

to indicate spiritual well-being in clergy. Instead, the Clergy Spiritual Well-being Scale asks about the frequency of experiencing “the presence and power of God” in a series of common daily life and ministry-related functions (Proeschold-Bell, Yang, Toth *et al.*, 2014).

The CHI conducted a systematic search in 2009 for health interventions designed for Protestant clergy in the United States and identified 56 such programs (Wallace *et al.*, 2012). The majority of programs targeted clergy individuals or institutions, with few targeting congregations. Outcomes evaluations were lacking. The CHI team further asked clergy directly what they desired in health programming and discerned nine themes, including wanting institutional support for the time needed to care for one’s health and wanting to work on health in connection with others (Proeschold-Bell, LeGrand, Wallace *et al.*, 2012). The CHI went on to develop a two-year, multi-component holistic health program for clergy that blended theological reasons for tending to one’s health with workshops, health coaching, and weight loss programs. They conducted the first-known randomized controlled trial of a behavioral health intervention for clergy, testing this program, called Spirited Life, with 1,114 clergy (Proeschold-Bell, Swift, Bennett *et al.*, 2013).

The CHI has continued to conduct this statewide survey every two years, including 2008, 2010, 2012, 2014, and plans for 2016 administrations. Response rates have remained high, and over 1,000 clergy have taken all four survey waves, allowing for the examination of health across time. In one study, Miles and Proeschold-Bell (2013) found that clergy who participate in clergy peer support groups for at least two years report fewer symptoms of anxiety and depression. The positive relationship with peer support groups was especially strong for clergy serving low-morale churches; however, clergy who reported serving high-conflict churches and attending peer support groups reported more symptoms of anxiety and depression. The CHI will have more longitudinal findings of clergy health forthcoming.

NCLS Research in Australia has been undertaking systematic and quality research in around 20 denominations through the National Church Life Survey, both among congregations and among church leaders, at five-year intervals since 1991. The findings of the National Church Life Survey have been widely disseminated and fruitfully employed to influence the ministry and mission of the Churches in Australia (Kaldor, Bellamy, Correy, & Powell, 1992; Kaldor, Bellamy, Moore, Powell, Castle, & Correy, 1995; Kaldor, Bellamy, Powell, Hughes, & Castle, 1997; Kaldor, Bellamy, Powell, Castle, & Hughes, 1999; Kaldor, Dixon, Powell, Bellamy, Hughes, Moore, & Dalziel, 1999; Bellamy, Cussen, Sterland, Castle, Powell, & Kaldor, 2006; Kaldor & McLean, 2009; Powell, Bellamy, Sterland, Jacka, Pepper, & Brady, 2012). Data from the 1996 National Church Life Survey among ministers, pastors and priests across Anglican and Protestant denominations, augmented by results from a similar survey conducted by the Catholic Church, were employed by Kaldor and Bullpitt (2001) in a study specifically on *Burnout in church leaders*. A unique aspect of this study was that it included detailed data about the congregations in which leaders were working. The analyses, therefore, were able to explore the connection between burnout and three interrelated factors: the nature of the individual leaders, the nature of the congregations, and the style of leadership employed by the ministers, pastors and priests. A second major study on leadership strengths reported by Kaldor and McLean (2009) also identified personal factors that were important in mitigating burnout. These were spiritual foundations, clarity of purpose, sense of self, integrity, supportive relationships, balance and boundaries.

The National Church Life Survey research group has also made significant contributions to the academic literature on the assessment and the correlates of psychological work-related health and burnout among clergy, including studies developing the Francis Burnout Inventory (Francis, Kaldor, Shevlin, & Lewis, 2004; Francis, Kaldor, Robbins, & Castle, 2005) and studies critiquing and modifying this instrument (Miner, Dowson, &

Sterland, 2010). Studies by Miner, Sterland and Dowson (2006, 2009) have developed, validated and tested a multidimensional measure designed to explore the structure of an internal orientation to the demands of church ministry in the context of a secularized society. This instrument is known as the Orientation to the Demands of Ministry Survey (ODM-S). Studies by Francis, Robbins, Kaldor, and Castle (2009) and Robbins, Francis, and Powell (2012) have explored the connection between psychological type and work-related psychological health among Australian clergy.

Yale University School of Medicine

Benjamin R Doolittle's initiative within the Yale University School of Medicine has opened up an additional stream of research and publications within the field of clergy work-related psychological health. In his first paper, Doolittle (2007) investigated the correlation between burnout, coping strategies, and spiritual attitudes among parish-based United Methodist clergy. The analyses revealed a positive correlation between spirituality scores and personal accomplishment, but also positive correlations between spirituality scores and both emotional exhaustion and depersonalization. Venting, disengagement, and self-blame coping strategies were associated with greater emotional exhaustion and depersonalization. Acceptance, active coping, planning and positive reframing coping strategies were associated with greater personal accomplishment. In a second paper, Doolittle (2010) focused on the demographic risk factors and protective behaviours correlated within individual differences in levels of clergy burnout. Higher levels of burnout were associated with being younger, being depressed, being unsatisfied with their spiritual life, and having endured a traumatic church placement. Lower levels of burnout were associated with seeking mentors, attending retreats, regular exercise and scholarly reading. A strength with this developing body of research among clergy is the way in which it is situated alongside studies concerned with burnout,

coping and spirituality among other professional groups (see Doolittle, Windrish, & Seelig, 2013).

Breaking new ground

Each of the ten new studies offered to this special section of *Research in the Social Scientific Study of Religion* by one of the four research groups working in the broad field of clergy work-related psychological health, stress, burnout and coping strategies makes an original contribution to knowledge by building on the secure foundations of existing research in a fresh direction. The first three studies employed qualitative methods, the fourth study offered a thorough review of a relatively uncharted field, and the other six studies employed quantitative methods.

The first of the qualitative studies by Blouin and Proeschold-Bell (2015) raised an important question about the way in which the items of the ten-item Perceived Stress Scale (Cohen, Kamarck, & Mermelstein, 1983) are perceived by clergy. In order to address this issue they conducted cognitive interview testing with a sample of 12 pastors enrolled in Spirited Life, a wellness intervention founded by The Duke Endowment for United Methodist clergy in North Carolina, USA. Participants reacted negatively to some of the language used in the items. They reported fears of being poorly regarded as religious leaders if they endorsed items expressing lack of ability to handle personal problems. At points their theological beliefs conflicted with the assumptions underpinning some items. Blouin and Proeschold-Bell (2015) concluded that the majority of items in the Perceived Stress Scale may be subject to under-reporting and response bias when answered by Christian clergy. Cognitive interview testing of this nature offers an important note of caution against employing standard stress measures uncritically to studies among clergy.

The second of the qualitative studies by Smith (2015) employed qualitative methods to explore behind quantitative research findings. A series of quantitative studies had already

drawn attention to poorer levels of work-related psychological health among introverted clergy compared with extraverted clergy (see Francis, Gubb, & Robbins, 2012), in terms of introverts reporting both higher levels of emotional exhaustion (negative affect) and lower levels of satisfaction in ministry (positive affect). Smith set out to examine whether these differences may result from introverts and extraverts finding different aspects of ministry stressful or from introverts finding the same aspects of ministry as stressful as extraverts but with more intensity. Smith employed type-alike workshops among 24 Anglican clergy that separated introverts and extraverts into separate groups so that he could explore the differences in the accounts offered by introverts and by extraverts regarding the aspects of life and ministry that they found stressful (generating negative affect) and that they found energizing (generating positive affect). The data demonstrated that introverts and extraverts experienced different aspects of ministry as stressful. Smith (2015) concluded that this finding has implications for the ways in which introverts and extraverts may benefit from being prepared for ministry in different ways and from being supported in ministry in different ways.

The third of the qualitative studies by Rolph, ap Siôn, Rolph, Wulff, and Francis (2015) explored the additional information provided by the participants on the back page of a detailed questionnaire survey (see Francis, Wulff, & Robbins, 2008) concerned with work-related psychological health and professional burnout among clergy serving in The Presbyterian Church (USA). The open-ended question on the back page simply invited participants as follows: 'Please use the space below for any other comments'. Of the 748 clergy who participated in the survey, 224 accepted the invitation, some offering multiple comments across a range of issues. The 345 identified comments were analyzed to reflect 16 themes, 13 concerned with aspects of ministry and three concerned with aspects of the survey itself. The ministry-related themes included reflections on stress and burnout, tensions with

congregations, support from congregations, time off and study leave, and marriage-related issues. Rolph *et al.* (2015) concluded that reading the back page generates useful information in three areas: giving additional insight into the theme explored by the quantitative survey, drawing attention to weaknesses in the survey instrument, and shaping future research.

The review article by Doolittle (2015) drew attention to the comparative dearth of research concerning burnout, compassion fatigue, and job satisfaction among hospital chaplains. By drawing on comprehensive databases concerned with research in the fields of medicine, psychology, religion, nursing, and sociology, this review provided a thorough account of the current state of knowledge concerning work-related psychological health among hospital chaplains and so provided a helpful platform from which to take forward new research in that area. Doolittle (2015) concluded from this review that there are particular stressors unique to hospital chaplaincy that merit special consideration.

The first of the quantitative studies by Brewster, Francis, Robbins, and Penny (2015) brought together for the first time two themes pursued by their research group's concern with clergy work-related psychological health (personality and ways of coping) to test the thesis that preferred ways of coping assessed by the Ways of Coping (Revised) Checklist developed by Folkman and Lazarus (1985) are themselves related to two of the three dimensions of personality (extraversion and neuroticism) assessed by the Eysenck Personality Questionnaire Revised (short form) developed by Eysenck, Eysenck, and Barrett (1985). Drawing on data provided by 613 Anglican clergy in England they found that only one of the eight ways of coping assessed by the Checklist was independent of both neuroticism and extraversion. These findings suggested that it may be misleading to study ways of coping among clergy without at the same time taking individual differences in personality into account.

The second of the quantitative studies by Francis, Laycock, and Brewster (2015) focused on a new area of research designed to clarify and to distinguish between the main

sources of stress experienced by rural Anglican clergy serving in multi-parish benefices in England. Data were provided by 613 clergy who rated 84 potential sources of stress generated five distinct factors best characterized as the burden of administration, the burden of presence, the burden of isolation, the burden of distance, and the burden of visibility. Personality and age were stronger predictors of levels of stress caused by these burdens than were sex, contextual factors or theological factors. Of these five burdens, the most damaging to the overall work-related psychological health of rural clergy was the burden of isolation and the least damaging was the burden of distance. Francis, Laycock, and Brewster (2015) concluded that clearer knowledge about the differential effects of different sources of stress on the work-related psychological health of clergy may lead to more targeted and more effective intervention.

The third of the quantitative studies by Francis, Village, Bruce, and Woolever (2015) set out to test the balanced affect model of work-related psychological health proposed by the Francis Burnout Inventory (Francis, Kaldor, Robbins, & Castle, 2005) by developing an independent set of measures. In other words, their contribution to knowledge is testing the robustness of theory independently of the instruments on which theory was originally validated. Drawing on data provided by 622 clergy who completed the Leader Survey within the U.S. Congregational Life Survey, they generated a six-item measure of positive affect (Satisfaction in Ministerial Life Index), a six-item measure of negative affect (Emotional Exhaustion in Ministerial Life Index), and an independent indicator of burnout (Likelihood of Leaving Ministry Index). Crucially for supporting the construct validity of the notion of balanced affect, the data demonstrated a significant interaction effect between scores of positive affect and scores of negative affect on the independent measure of burnout, showing that the mitigating effects of positive affect on burnout increased with increasing levels of negative affect. Francis *et al.* (2015) concluded that the balanced affect model of clergy

work-related psychological health offers a valid approach to understanding individual differences in susceptibility to burnout.

The fourth of the quantitative studies by Sterland (2015) introduced to clergy-related empirical research the notion of workaholism. This study drew data provided by 461 senior church leaders who participated in the 2011 National Church Life Survey held in Australia who completed the short version of the Dutch Work Addiction Scale proposed by del Libano, Llorens, Salanova, and Shaufeli (2010). This instrument distinguishes between two components of workaholism styled ‘work excessively’ and ‘work compulsively’. Employed alongside a re-calibrated form of the Francis Burnout Inventory (Francis, Kaldor, Robbins, & Castle, 2005), these data demonstrated that working compulsively was associated with higher emotional exhaustion, higher depersonalization, lower personal achievement, and lower satisfaction with ministry. The other component of workaholism, working excessively, did not function in the same way, leading Sterland (2015) to conclude that the items included in this scale may not be adequate to access this aspect of workaholism among clergy. Here is further evidence to caution against using standard instruments in clergy-related research without giving close scrutiny to the way in which the scale items may be interpreted by clergy.

The fifth of the quantitative studies by Crea and Francis (2015) introduced to the literature on burnout among Catholic religious sisters a measure designed to assess quality of community life, in order to test the thesis that the quality of community life predicts individual differences in levels of burnout among religious sisters. This thesis was tested among 194 Catholic religious sisters from different parts of Italy who were engaged in a range of altruistic and charitable activities, mainly outside their community. The sisters completed the Maslach Burnout Inventory (Maslach & Jackson, 1986), the Big Five Factor measure of personality (Costa & McCrae, 1996) and the Index of Community Satisfaction

(Crea, 2002). The analyses demonstrated that the two key personality predictors of higher burnout scores among these sisters were high neuroticism scores and low agreeableness scores. After taking individual differences in age and personality into account, higher levels of community satisfaction were associated with lower levels of emotional exhaustion and lower levels of depersonalization, but were unrelated to levels of depersonalization. Crea and Francis (2015) concluded that a good quality of community life among religious sisters may enhance resilience against burnout, while a poor quality of community life among religious sisters may exacerbate burnout.

The sixth of the quantitative studies by Randall (2015) introduced to the literature on burnout among clergy a measure designed to assess emotional intelligence, in order to test the thesis that emotional intelligence predicts individual differences in levels of burnout among clergy. This thesis was tested among 156 Anglican clergy in England and Wales who completed the Assessing Emotions Scale (Schutte *et al.*, 1998) alongside the Francis Burnout Inventory (Francis, Kaldor, Robbins, & Castle, 2005). The analyses demonstrated that higher levels of emotional intelligence, as assessed by the Assessing Emotions Scale, were associated both with higher levels of satisfaction in ministry and lower levels of emotional exhaustion. Randall (2015) concluded that these findings may offer a useful clue regarding a way in which better psychological health can be promoted among clergy. He argued that there may be real value in providing training in social and emotional competence as part of initial ministerial training and continuing ministerial development.

Taken together these three qualitative studies, the six quantitative studies and the review article have demonstrated the new lines of enquiry within the broad field of clergy work-related psychological health, stress, burnout and coping strategies currently promoted by the four active research groups focused on the Centre for Education Studies at the University of Warwick in England, The Duke Clergy Health Initiative in the USA, the

National Church Life Survey in Australia, and the Yale University School of Medicine in the USA. Growing collaboration and cross-fertilization among these four groups could lead to fruitful international comparisons and an enhanced appreciation of the correlates, consequences and causes of poor work-related psychological health among clergy, church leaders and members of religious orders.

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